

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="margin: 0;">CLAIMS ONLY <i>Multiple Dep.</i></p> </div> <div style="width: 30%;"> <p style="margin: 0; font-size: small;">Application Number</p> <p style="margin: 0; font-size: large; font-weight: bold;">10/725399</p> </div> <div style="width: 20%;"> <p style="margin: 0; font-size: small;">Filing Date</p> </div> </div>							<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="margin: 0; font-size: small;">Applicant(s)</p> </div> </div>						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1												
2													
3		1											
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Total Indep	3												
Total Depend	26												
Total Claims	29												

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